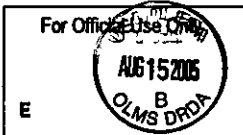


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



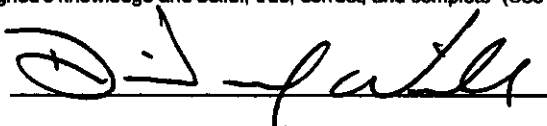
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 8963	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name David M Wicks P O Box, Bldg, Room No, if any P.O. Box 86 Street 105 Bell Street City Corydon State Kentucky ZIP Code + 4 42406-0086	4 Name, file number, and address of labor organization Name Brotherhood of Locomotive Engineers and Trainmen Labor Organization File Number 000101 P O Box, Building and Room Number, if any Street City State ZIP Code + 4
5 Position in labor organization Local Chairman, Division 154	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name Kujawski & Nowak, P.C. Trade Name, if any P O Box, Bldg, Room No, if any Street 1331 Park Plaza Drive, Suite 2 City O'Fallon State Illinois ZIP Code + 4 62269-1764	7 a Nature of Interest, Transaction, or Income. Provided Christmas party some time in December 2004 for the three local divisions of BLET in Evansville, IN Group Event, amount unknown 7 b Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed 	On 8/8/2005 Date	270-533-3536 Telephone Number

Name of Person Filing David Wicks	File Number U-
-----------------------------------	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c. Employer				
10 If 9.b or 9 c. is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg., Room No., if any Street City State ZIP Code + 4	<table border="1"> <tr> <td data-bbox="803 695 1523 947"> 11 a Nature of such dealing </td> </tr> <tr> <td data-bbox="803 947 1523 989"> 11 b Approximate dollar value of such dealing </td> </tr> <tr> <td data-bbox="803 989 1523 1255"> 12 a Nature of interest held or income received </td> </tr> <tr> <td data-bbox="803 1255 1523 1285"> 12 b Amount </td> </tr> </table>	11 a Nature of such dealing	11 b Approximate dollar value of such dealing	12 a Nature of interest held or income received	12 b Amount
11 a Nature of such dealing					
11 b Approximate dollar value of such dealing					
12 a Nature of interest held or income received					
12 b Amount					

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	14 a Nature of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment.